

**DECLARATION FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR EFFECTING HEMOSTASIS

the specification of which:

(check one)

_____ is attached hereto;
☒ was filed on November 13, 2001 as U.S. Application Serial No. 10/008,052 and
PCT International Application Number: _____; or
_____ and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

CLAIM FOR BENEFIT OF PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by us on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

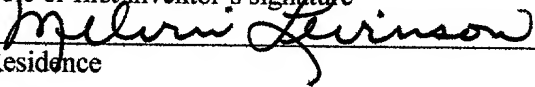
Country	Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC 119

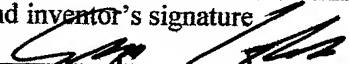
CLAIM FOR BENEFIT OF EARLIER PROVISIONAL APPLICATION(S)

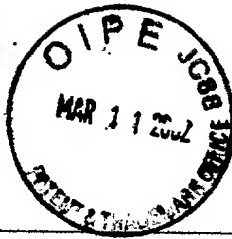
I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date



Full Name of sole or first inventor	
Melvin Levinson	
Sole or first inventor's signature	Date
	11/15/01
Residence	
12700 S.W. 64 Court, Pinecrest, Florida 33156	
Citizenship	
USA	
Post Office Address	
12700 S.W. 64 Court, Pinecrest, Florida 33156	

Full Name of sole or second inventor	
George Golik	
Sole or second inventor's signature	Date
	11/15/01
Residence	
11450 S.W. 84 Avenue, Miami, Florida 33156	
Citizenship	
USA	
Post Office Address	
11450 S.W. 84 Avenue, Miami, Florida 33156	

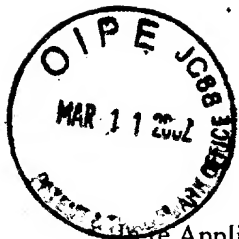


Attorney Bracket: 58092-012 (SCVL-110)

Full Name of sole or third inventor	
Ernest Manzano	
Sole or third inventor's signature <i>Ernest Manzano</i>	Date 11/15/01
Residence	
9980 S.W. 147 Court, Miami, Florida 33196	
Citizenship	
USA	
Post Office Address	
9980 S.W. 147 Court, Miami, Florida 33196	

Full Name of sole or fourth inventor	
Raymond Diaz	
Sole or fourth inventor's signature <i>Raymond Diaz</i>	Date 11/15/01
Residence	
3926 Hawks Court, Weston, Florida 33331	
Citizenship	
USA	
Post Office Address	
3926 Hawks Court, Weston, Florida 33331	

2001-03-15 10:00:00



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Melvin E. Levinson, et al.

Serial No.

Filed: herewith

For: METHOD FOR EFFECTING HEMOSTASIS

DECLARATION OF AGE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I, Melvin E. Levinson, state that:

I am one of the inventors of the invention described in the captioned U.S. patent application to be assigned a serial number, entitled SURGICAL CLIP HOLDER AND METHOD THEREFOR, and I am over 65 years of age, that I am 73 years of age, my birth date being September 16, 1928.

I am submitting this Declaration in order that the patent application may be made special by the Commissioner so that I may enjoy the fruits of my invention during my life.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date:

November 15, 2001

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Melvin E. Levinson
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